

Cancel 1-50  
125-438

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP	
1	IND	DEP	IND	DEP	IND	DEP	51	1				
2							52		1			
3							53			1		
4							54				1	
5							55					
6							56					
7							57			1		
8							58				1	
9							59					
10							60			1		
11							61				1	
12							62					1
13							63					
14							64				1	
15							65					
16							66					
17							67					
18							68					
19							69	1				
20							70			1		
21							71					
22							72					
23							73					
24							74			1		
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81			1		
32							82				1	
33							83					1
34							84					
35							85				1	
36							86					
37							87		1			
38							88	1				
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.						TOTAL IND.						
TOTAL DEP.						TOTAL DEP.						
TOTAL CLAIMS						TOTAL CLAIMS						